## FOOD STAMP PROGRAM EXPEDITED SERVICE QUARTERLY STATISTICAL REPORT

## Send One Copy To:

California Department of Social Services Data Systems and Survey Design Bureau, M.S. 9-081 P.O. Box 944243 Sacramento, CA 94244-2430

FAX: (916) 657-2074

		COUNTY		COUNTY CODE	STATE USE ONLY
		QUARTER END	DING (MO	NTH, DAY, YEAR)	
PART A. REQUESTS FOR EXPEDITED SER	RVICE				
Pending from prior quarter (Item 5 of last quarter or explain)					1
2. Received during quarter					2
3. Total on hand for the quarter [Sum of 1 and 2]					3
4. Total disposed of during the quarter [Sum of 4a and 4b below]					4
a. Total entitled to expedited service [Sum	of 4a(1) thru 4a(3) below]				
Benefits issued:	PAFS	NAFS			
(1) In 1-3 days	6 7				
(2) In 4-5 days	8 9				
(3) In over 5 days	10 11				
b. Total not entitled to expedited service [S	Sum of 4b(1) and 4b(2) below	v]			
(1) PAFS					
(2) NAFS	14				
5. Pending at end of quarter [Difference of 3 and 4 above]					15
PART B. APPLICATION COMPLIANCE INF	ORMATION				
6. Number of households discontinued due to recipients failure to complete application process for on-going benefits during the report quarter [Sum of 6a and 6b below]					16
a. PAFS					
b. NAFS			18		
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PART C. TO BE USED ONLY UPON INSTR	RUCTIONS FROM CDSS				
REPORT PREPARED BY	LEPHONE		DAT	E	
	)				

## DFA 296X (12/88) INSTRUCTIONS

The DFA 296X is due by the 20<sup>th</sup> day of the month following the end of the report quarter. These reports should be mailed to the address listed below or faxed to (916) 657-2074:

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Fill in the information requested at the top and bottom of the report form and show figures required for each item. If there is nothing to report in an item, report "0"; do not leave any lines blank. If an item is not available, report "NA" and include an explanation near the bottom or on the back of the report.

**PART A. REQUESTS FOR EXPEDITED SERVICE -** Part A summarizes activity during the report quarter with respect to processing expedited service (ES) requests for food stamps.

- 1. **Pending from prior quarter** Enter the number of requests pending a determination as of the last day of the prior quarter. This item will be equal to Item 5 of last quarter or an explanation must be provided.
- 2. Received during quarter Enter the total number of requests received during the report quarter.
- **Total on hand for the quarter** Enter the total number of requests available for processing during the report quarter. This item will equal the sum of Items 1 and 2.
- 4. Total disposed of during the quarter Enter the total number of requests processed during the report quarter. This item will equal the sum of Items 4a and 4b.

**Note:** Item 4a will include households who were entitled to ES but due to proration of benefits received zero benefits in the initial month.

- a. Total entitled to expedited service Enter the total number of requests in which it was determined that the case was entitled to expedited service during the report quarter. This item will equal the sum of Items 4a(1), 4a(2) and 4a(3).
  - (1) Benefits issued in 1-3 days Enter the number of applications approved for ES and where benefits were issued within 3 days following the date of application. Provide PAFS and NAFS values.

**Note:** Items 4a(2) and 4a(3) can only be the result of a County Welfare Department caused delay. Applicant caused delays (beyond 3 days) will be treated as non-entitlement to ES and reported in Item 4b.

- (2) Benefits issued in 4-5 days Enter the number of applications approved for ES and where benefits were issued on the fourth or fifth day following the date of application. Provide PAFS and NAFS values.
- (3) Benefits issued in over 5 days Enter the number of applications approved for ES and where benefits were issued beyond five days following the date of application. Provide PAFS and NAFS values.

- b. Total not entitled to expedited service Enter the number of requests in which it was determined that the case was not entitled to ES. This item will equal the sum of Items 4b(1) and 4b(2).
  - (1) PAFS Enter the number of requests in which it was determined that the public assistance food stamp (PAFS) case was not entitled to ES.
  - (2) NAFS Enter the number of requests in which it was determined that the nonassistance food stamp (NAFS) case was not entitled to ES.
- **5. Pending at ending of quarter –** Enter the number of requests pending at the end of the report quarter. This item will equal the difference of Items 3 and 4.

**PART B. APPLICATION COMPLIANCE INFORMATION** – Part B provides information regarding the number of food stamp cases discontinued after issuance of the expedited food stamps in the first month due to the recipients' failure to complete the application process for ongoing food stamp benefits.

- 6. Number of households discontinued due to recipients' failure to complete application process for on-going benefits during the report quarter Enter the number of cases discontinued due to the recipients failure to complete the application process for ongoing benefits. For example, when an applicant fails to provide requested information and/or postponed verification or a one-person household fails to provide or apply for a social security number. This item will equal the sum of Items 6a and 6b.
  - a. PAFS Enter the number of public assistance food stamp cases discontinued due to the recipients' failure to complete the application process for ongoing benefits.
  - **b. NAFS** Enter the number of nonassistance food stamp cases discontinued due to the recipients' failure to complete the application process for ongoing benefits.

**PART C. TO BE USED ONLY UPON INSTRUCTIONS FROM CDSS** – Part C is reserved for additional information, which may be required temporarily or permanently due to court decisions or a change in legislation or regulation. In order to avoid a revision to this form, this section is provided for any unforeseen reporting needs or requirements. If any items are to be added under this section, you will be notified by All-County Letter and given time for implementation.